STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966315	10/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Smyrna West Assisted Living Fa	301 Milford Place New Smyrna Beach, FL 32168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial licensure survey was conducted at Smyrna West Assisted Living Facility on 2014. Smyrna West Assisted Living Facility had deficiencies at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, staff interview, and record review the facility failed to obtain written physician orders for one half side rails for 2 of 2 sampled residents. (Resident #9 and #10)

The findings include:

During an observation in Resident #9's and 10's at approximately 8:30 a.m. one half side rails were observed on both resident's bed.

Record review for Resident #9, admitted to the facility on found no evidence a physician order was obtained for one half side rails. Record review of the AHCA Form 1823 dated revealed Resident #9 needs assistance with ambulation and transfer.

Record review for Resident #10, admitted to the facility on found no evidence a physician order was obtained for one half side rails. Record review of the AHCA Form 1823 dated revealed Resident #10 needs assistance with ambulation and transfer.

An interview with the Administrator on at 12:39 p.m. confirmed the findings. She stated she would contact Hospice to obtain physician orders.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, that facility failed to obtain verification of freedom of communicable including statements for 2 of 4 employees ((Employee B and C), and failed to obtain annual documentation of freedom from for 1 of 4 employees (Employee B)

The findings include:

Record review of the personnel file for Employee B (hired could not locate a statement completed by a health care provider documenting Employee B was free of communicable including or verification of annual status. The personnel file contained evidence of an annual screening on There was no evidence of a screening since

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Record review of the personnel file for Employee C (hired , could not locate a statement completed by a health care provider documenting Employee C was free of communicable , including .

The findings were confirmed by the Administrator on at 12:30 p.m. She could not locate the missing information.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on employee file review and staff interview, the facility failed to ensure that 3 of 4 employees received training in the facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, elopement response policies and procedures, and incident reporting (Employee B, C, D), failed to ensure that 2 of 4 employees received training in recognizing , neglect, and , and in resident rights (Employee B, C), failed to ensure 1 of 4 employee received training in control (Employee D) and failed to ensure 3 of 3 employees that provide direct care received training in activities of daily living and behavioral needs (Employee B, C, D).

The findings include:

Record review of the personnel file for Employee B (hired , could not locate evidence that Employee B received training in the facility emergency procedures, the facilities resident elopement response policies and procedures, recognizing , neglect, and , incident reporting, resident rights, and in activities of daily living and behavioral needs.

Record review of the personnel file for Employee C (hired could not locate evidence that Employee C received training in the facility emergency procedures, the facilities resident elopement response policies and procedures, recognizing neglect, and incident reporting, resident rights, control and in activities of daily living and behavioral needs.

Record review of the personnel file for Employee D (hired could not locate evidence that Employee d received training in the facility emergency procedures, the facilities resident elopement response policies and procedures, incident reporting, and in activities of daily living and behavioral needs.

The findings were confirmed by the Administrator on at 12:30 p.m. She could not locate evidence to show the training was provided.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on employee file review and staff interview, the facility failed to ensure a staff member who has completed courses in First Aid and is in the facility at all times.

The findings include:

Record review of the personnel file for Employee B found no evidence she received training in first aid and

Review of the personnel file for Employee C found no evidence of training in first aid and the only evidence for

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training was for a on line course. There was no evidence that a on-site skill evaluation was completed for the online class.

Review of the personal file for Employee D found the only training she received in was online. There was no evidence that a on-site skill evaluation was completed for the online class.

During a staff interview with Employee F on at 11:54 a.m. she stated she works alone at night and has not had training.

The findings were confirmed during interview with the Administrator on at 9:30 a.m. she stated she is at the facility from 7:00 a.m. to 3:00 p.m. on Monday through Friday. During further interview with the Administrator on at 12:30 p.m. she stated for the shifts that she is not at the facility there are not any employees with hands on training. She could not provide evidence to support staff with first aid and training were at the facility at all times.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on employee file review and staff interview, the facility failed to ensure that 2 of 2 employees that assist residents with self-administration of medications received the required training. (Employee B and D)

The findings include:

Record review for Employee B (hired found two training certificates on showing she received two hours of refresher assistance with self-administered medication on and another medication administration training on without any hours given.

Record review for Employee D (hired found no evidence she received training in medication administration.

Review of the Medication sining sheet for the facility found employee B and D signed the facility signature form that they were medication certified.

The Administrator confirmed during interview on at approximately 12:00 p.m. that Employee B and D give out medication. She was confirmed Employee D ' s certificate did not show the required hours of training and she could not provide documentation to support the required medication administration training for Employee D.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and staff interview, the facility failed to maintain a personnel record with a copy of the employees employment application for 1 of 4 employees (Employee A)

The findings include:

Record review of the personnel file for Employee A (hired could not locate a copy of an employment application. The findings were confirmed on at approximately 9:30 a.m. with the

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Administrator/Employee A. She stated she did not know what happened to her application.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Smyrna West Assisted Living Facility
301 Milford Place
New Smyrna Beach, FL 32168

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on , 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

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